

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90134 047 ****55.00

DOCUMENT # L01000001820

1. Entity Name
CORPORATE PARTNERS INTERNATIONAL, L.L.C.

Principal Place of Business Mailing Address
10242 NORTHWEST 47TH ST., STE. 46 **10242 NORTHWEST 47TH ST., STE. 46**
SUNRISE FL 33351 **SUNRISE FL 33351**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1072071 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~848 ALMERIA AVENUE~~
~~GORAL CABLES FL 33134~~

Name **MAUREEN OLSON**
 Street Address (P.O. Box Number is Not Acceptable)
10242 NW 47TH ST SUITE 46
 City **SUNRISE** **FL** Zip Code **33351**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **MAUREEN A. OLSON Vice Oper. Mgr** **4/14/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGR**
 STREET ADDRESS **PATRICIA KENNEDY, LUCILLE**
 CITY-ST-ZIP **10242 NORTHWEST 47TH ST., STE. 46**
SUNRISE FL 33351

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MGR**
 STREET ADDRESS **OLSON, MAUREEN A**
 CITY-ST-ZIP **10242 NORTHWEST 47TH ST., STE. 46**
SUNRISE FL 33351

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **SIGNATURE REQUIRED** **MAUREEN A. OLSON** **4/14/02** **954.742-9193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0033011

CR2E083 (9/01)